

PRE-AUTHORIZED DEBIT

Unit A – 1340 10th Street
Brandon, MB R7A 6Z3

Complete all sections to instruct your financial institution to make payments directly from your account. Return this completed form to us with a blank cheque marked “VOID”.

PAYER

Name (s) of Account Holders: _____

Address: _____

TRANSACTION INFORMATION

Transaction Type: X Debit ____ Credit Amount \$ _____

First Due Date _____ / _____ / _____
 Month Day Year

BANKING DATA

Name of Financial Institution: _____

Address: _____

Account Information: _____ _____ _____
 Route Transit Account Number

AUTHORIZATION

I (we) hereby authorize _____ to withdraw the Amount Due on my (our)

For condos, please fill in your condo corporation number.

For rentals, payments may vary. Please confirm with our office before filing in this line.

monthly rent payment, from my (our) account at the aforementioned financial institution. The authority remains in effect until terminated. I agree to the terms and conditions specified on the reverse.

Signature of Account Holder

Date

Signature of Account Holder

Date

TERMS AND CONDITIONS

VALID SIGNING AUTHORITY

I (we) warrant that all persons whose signatures are required to sign on this account have signed this agreement.

CANCELLATION OF AGREEMENT

I (we) acknowledge that in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to the payee 5 business days prior to the next due date.

This authorization may be cancelled at any time by me (us).

ACCEPTANCE OF DELIVERY OF AUTHORIZATION

I (we) acknowledge that provision and delivery of this authorization to the payee constitutes delivery by me (us) to the aforementioned financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

VALIDATION BY FINANCIAL INSTITUTION

I (we) acknowledge that the aforementioned financial institution is not required to verify that the debit has been issued in accordance with the particulars of the authorization including the amount and frequency of payments.

I (we) acknowledge that the aforementioned financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by the payee as a condition to honoring a pre-authorized debit issued by the payee on my (our) account.

CHANGE OF ACCOUNT INFORMATION

I (we) undertake to inform the payee, in writing, of any change in account information provided in this authorization 5 business days prior to the next due date of the debit.

CONTRACT FOR GOODS/SERVICES

Revocation of this authorization does not terminate any contract for goods and services that exists between me (us) and the payee. My (our) authorization applies only to the method of payment and does not have any bearing on the contract for goods and services exchanged.

RIGHTS OF DISPUTE

Items charged will be reimbursed subject to notification by me (us) to the branch of account within 90 days under any of the following conditions:

- a) I (we) never provided the authorization to the payee.
- b) The pre-authorized debit was not drawn in accordance with this authorization.
- c) My (our) authorization was revoked.
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I (we) understand that a written declaration to this effect must be given to my (our) financial institution.